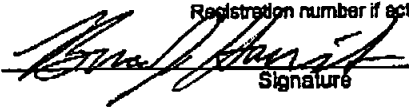


PTO/SB/22 (10-04)

Approved for use through 7/31/2006. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | | |
|---|------------|---|-----------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004) | | Docket Number (Optional) 22197-00008-US | |
| Application Number 10/052,358-Conf. #3388 | | Filed January 23, 2002 | |
| For PIPE COUPLINGS | | | |
| Art Unit 3679 | | Examiner A. M. Dunwoody | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | Fee | Small Entity Fee | |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$110.00 | \$55.00 | \$ 110.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$430.00 | \$215.00 | \$ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$980.00 | \$490.00 | \$ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1,530.00 | \$765.00 | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2,080.00 | \$1,040.00 | \$ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>22-0185</u> . I have enclosed a duplicate copy of this sheet. | | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86). | | | |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____ | | | |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>46,750</u> | | | |
|  Signature | | November 29, 2004 Date | |
| Brian J. Hairston Typed or printed name | | (202) 331-7111 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted. | | | |

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PTO/SB/17 (11-04)

Approved for use through 7/31/2006. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| FEE TRANSMITTAL for FY 2005 <small>Effective 10/01/2004, Patent fees are subject to annual revision.</small> | | Complete If Known | |
|--|--|--------------------------|------------------------|
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 10/052,356-Conf. #3388 |
| TOTAL AMOUNT OF PAYMENT (\$) 110.00 | | Filing Date | January 23, 2002 |
| | | First Named Inventor | Fatollah Youssefifar |
| | | Examiner Name | A. M. Dunwoody |
| | | Art Unit | 3679 |
| | | Attorney Docket No. | 22197-00009-US |

| METHOD OF PAYMENT (check all that apply) | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-----------------------|---------------|-----------------------|--------------------|---------------|--|-------------------------------|----|----|---------------------------|--------------|----------|---|--|---|---|----|---------------------------|---|----------|---------------|--------------|--------------|-----------------|---------------|--|--|--|--|---------------|--------------|----------|---------------|--|--|--|--|---------------------------|--|----------|---------------|--|--|-----------------|------|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> Deposit Account Number: 22-0185 Deposit Account Name: Connolly Bove Lodge & Hutz LLP </div> <p>The Director is authorized to: (check all that apply)</p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments <p>To the above-identified deposit account.</p> <input type="checkbox"/> Other (please identify): _____ | 2. EXTRA CLAIM FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: right;">Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20</td> <td style="text-align: right;">18</td> <td style="text-align: right;">9</td> </tr> <tr> <td>Each independent claim over 3</td> <td style="text-align: right;">88</td> <td style="text-align: right;">44</td> </tr> <tr> <td>Multiple dependent claims</td> <td style="text-align: right;">300</td> <td style="text-align: right;">150</td> </tr> <tr> <td>For Reissues, each claim over 20 and more than in the original patent</td> <td style="text-align: right;">18</td> <td style="text-align: right;">9</td> </tr> <tr> <td>For Reissues, each independent claim more than in the original patent</td> <td style="text-align: right;">88</td> <td style="text-align: right;">44</td> </tr> <tr> <td colspan="3" style="padding-top: 10px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Total Claims</td> <td style="text-align: right;">Extra Claims</td> <td style="text-align: right;">Fee (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> </tr> <tr> <td colspan="4"> - 20 or HP = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20 </td> </tr> <tr> <td style="text-align: right;">Indep. Claims</td> <td style="text-align: right;">Extra Claims</td> <td style="text-align: right;">Fee (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> </tr> <tr> <td colspan="4"> - 3 or HP = _____ x _____ = _____ HP = Highest number of independent claims paid for, if greater than 3 </td> </tr> <tr> <td colspan="2" style="text-align: right;">Multiple Dependent Claims</td> <td style="text-align: right;">Fee (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">Subtotal (2) \$</td> <td style="text-align: right;">0.00</td> </tr> </table></td></tr></tbody> </table> | Fee Description | Fee (\$) | Small Entity Fee (\$) | Each claim over 20 | 18 | 9 | Each independent claim over 3 | 88 | 44 | Multiple dependent claims | 300 | 150 | For Reissues, each claim over 20 and more than in the original patent | 18 | 9 | For Reissues, each independent claim more than in the original patent | 88 | 44 | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Total Claims</td> <td style="text-align: right;">Extra Claims</td> <td style="text-align: right;">Fee (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> </tr> <tr> <td colspan="4"> - 20 or HP = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20 </td> </tr> <tr> <td style="text-align: right;">Indep. Claims</td> <td style="text-align: right;">Extra Claims</td> <td style="text-align: right;">Fee (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> </tr> <tr> <td colspan="4"> - 3 or HP = _____ x _____ = _____ HP = Highest number of independent claims paid for, if greater than 3 </td> </tr> <tr> <td colspan="2" style="text-align: right;">Multiple Dependent Claims</td> <td style="text-align: right;">Fee (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">Subtotal (2) \$</td> <td style="text-align: right;">0.00</td> </tr> </table> | | | Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | - 20 or HP = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20 | | | | Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | - 3 or HP = _____ x _____ = _____ HP = Highest number of independent claims paid for, if greater than 3 | | | | Multiple Dependent Claims | | Fee (\$) | Fee Paid (\$) | | | Subtotal (2) \$ | 0.00 |
| Fee Description | Fee (\$) | Small Entity Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each claim over 20 | 18 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each independent claim over 3 | 88 | 44 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple dependent claims | 300 | 150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Reissues, each claim over 20 and more than in the original patent | 18 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Reissues, each independent claim more than in the original patent | 88 | 44 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Total Claims</td> <td style="text-align: right;">Extra Claims</td> <td style="text-align: right;">Fee (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> </tr> <tr> <td colspan="4"> - 20 or HP = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20 </td> </tr> <tr> <td style="text-align: right;">Indep. Claims</td> <td style="text-align: right;">Extra Claims</td> <td style="text-align: right;">Fee (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> </tr> <tr> <td colspan="4"> - 3 or HP = _____ x _____ = _____ HP = Highest number of independent claims paid for, if greater than 3 </td> </tr> <tr> <td colspan="2" style="text-align: right;">Multiple Dependent Claims</td> <td style="text-align: right;">Fee (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">Subtotal (2) \$</td> <td style="text-align: right;">0.00</td> </tr> </table> | | | Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | - 20 or HP = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20 | | | | Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | - 3 or HP = _____ x _____ = _____ HP = Highest number of independent claims paid for, if greater than 3 | | | | Multiple Dependent Claims | | Fee (\$) | Fee Paid (\$) | | | Subtotal (2) \$ | 0.00 | | | | | | | | | | | | | | | | | | | | |
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Multiple Dependent Claims | | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Subtotal (2) \$ | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

 1. BASIC FILING FEE | Fee Description | Fee (\$) | Small Entity Fee (\$) | Fee Paid (\$) | |------------------------|----------|-----------------------|---------------| | Utility Filing Fee | 790 | 395 | _____ | | Design Filing Fee | 350 | 175 | _____ | | Plant Filing Fee | 550 | 275 | _____ | | Reissue Filing Fee | 790 | 395 | _____ | | Provisional Filing Fee | 160 | 80 | _____ | | Subtotal (1) \$ | | | 0.00 | | **3. OTHER FEES** | Fee Description | Fee (\$) | Small Entity Fee (\$) | Fee Paid | |-------------------------------------|----------|-----------------------|----------| | 1-month extension of time | 110 | 55 | 110.00 | | 2-month extension of time | 430 | 215 | _____ | | 3-month extension of time | 960 | 490 | _____ | | 4-month extension of time | 1,130 | 765 | _____ | | 5-month extension of time | 2,080 | 1,040 | _____ | | Information disclosure smt. Fee | 180 | 180 | _____ | | 37 CFR 1.17(q) processing fee | 50 | 50 | _____ | | Non-English specification | 130 | 130 | _____ | | Notice of Appeal | 340 | 170 | _____ | | Filing a brief in support of appeal | 340 | 170 | _____ | | Request for oral hearing | 300 | 150 | _____ | | Other: _____ | | | | | Subtotal (3) \$ | | | 110.00 | |

| SUBMITTED BY | | | |
|-------------------|-------------------|-----------------------------------|-------------------|
| Signature | | Registration No. (Attorney/Agent) | 46,760 |
| Name (Print/Type) | Brian J. Hairston | Telephone | (202) 331-7111 |
| | | Date | November 29, 2004 |